

November 8, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-0182-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
----- Case #:

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ----- IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ----- external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurosurgery and is familiar with the condition and treatment options at issue in this appeal. The ----- physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 59 year-old female who sustained a work related injury on ----- . The patient reported that while at work she injured her back when she fell. The initial diagnoses for this patient included disc bulge at the L4-5 and L5-S1 level. The patient underwent a lumbar discectomy at the L4-5 level with laminotomy at the L4 and L5 levels on the right side on 11/19/96. The patient has continued complaints of back pain. On 10/21/03 the patient underwent an MRI of the lumbar spine that revealed degenerative disc disease at the L4-5 and L5-S1 level. A myelogram performed on 12/02/03 revealed borderline or mild acquired central canal stenosis at L3-4, and at the L4-5 and L5-S1 there appeared to be right laminectomy defects, moderate diffuse disc bulge or protrusion at L4-5, and the central canal lies at the lower limits of normal or borderline stenosis. The patient has been treated with conservative care and lumbar epidural steroid injections. She has been recommended for back surgery for further treatment of her condition. In addition, the patient is status post a cervical decompression and bilateral total knee replacement, not related to her work related injury.

Requested Services

L4-5 and L5-S1 lumbar laminectomy with fusion and instrumentation, lumbar depomedrol and marcaine injection, LOS 1 day.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. No documents submitted

Documents Submitted by Respondent:

1. Letters from Treating Physician 9/29/03 – 8/16/04
2. Myelogram Report 12/2/03
3. MRI report 10/21/03
4. Orthopedic Office Notes 7/16/99 – 5/22/03
5. Occupational Fitness and Rehabilitation Program note 6/16/03, 6/24/03

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ----- physician reviewer noted that this case concerns a 59 year-old female who sustained a work related injury to her back on ----- . The ----- physician reviewer also noted that the patient has been recommended for a L4-5 and L5-S1 lumbar laminectomy with fusion and instrumentation, lumbar depomedrol and marcaine injection, LOS 1 day for further treatment of her condition. The ----- physician reviewer explained that the documentation provided does not support the clinical basis for the proposed surgery. The ----- physician reviewer indicated that the patient is status post lumbar laminectomy and discectomy. The ----- physician reviewer explained that the patient has minimal stenosis and disc degeneration and that a myelogram shows no evidence of foraminal compromise or stenosis. The ----- physician reviewer also explained that there is no indication or rationale demonstrated in the documents provided to support the requested procedure. Therefore, the ----- physician consultant concluded that the requested L4-5 and L5-S1 lumbar laminectomy with fusion and instrumentation, lumbar depomedrol and marcaine injection, LOS 1 day is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk
P.O. Box 17787
Austin, TX 78744

Fax: 512-804-4011

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,

State Appeals Department

cc: Texas Workers Compensation Commission

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 8th day of November 2004.

Signature of IRO Employee

Name